

Fill in this information to identify the case:

Debtor 1 Thomas M. MedoferDebtor 2 M. Elaine Medofer

(Spouse, if filing)

United States Bankruptcy Court for the WESTERN District of PENNSYLVANIA

Case number 19-20826-CMB**Official Form 410S2****Notice of Postpetition Mortgage Fees, Expenses, and Charges**

12/16

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: THE BANK OF NEW YORK MELLON, THE SUCCESSOR TO JPMORGAN CHASE BANK, AS TRUSTEE FOR CIT HOME EQUITY LOAN TRUST 2002-2

Court claim no. (if known): 1

Last 4 digits of any number you use to identify the debtor's account: 4386

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

☒ No

☐ Yes. Date of the last notice:

**Part 1: Itemize Postpetition Fees, Expenses, and Charges**

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case. If the court has previously approved an amount, indicate that approval in parentheses after the date the amount was incurred.

	<u>Description</u>	<u>Date Incurred</u>	<u>Amount</u>
1	Late Charges	(1)	\$0.00
2	Non-sufficient funds (NSF) fees	(2)	\$0.00
3	Attorneys fees	(3)	\$0.00
4	Filing fee and court costs	(4)	\$0.00
5	Bankruptcy/Proof of claim fees	(5)	\$0.00
6	Appraisal/Broker's Price opinion fees	(6)	\$0.00
7	Property inspection fees	(7)	\$0.00
8	Tax Advances (non-escrow)	2/21/2019:4/1/2019 (8)	\$3970.69
9	Insurance advances (non-escrow)	4/22/2019 (9)	\$132.00
10	Property preservation expenses	(10)	\$0.00
11	Other. Specify:	(11)	\$0.00
12	Other. Specify:	(12)	\$0.00
13	Other. Specify:	(13)	\$0.00
14	Other. Specify:	(14)	\$0.00

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid.

See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1

Debtor 1 Thomas M. Medofer

Print Name

Middle Name

Last Name

Case number (if known) 19-20826-CMB

**Part 2: Sign Here**

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

*Check the appropriate box.*

☐ I am the creditor

☒ I am the creditor's authorized agent.

**I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.**

**X**

/s/ Ashlee Fogle

Signature

Date 05/14/2019

Print

Ashlee Fogle

First Name

Middle Name

Last Name

Title Bankruptcy Attorney

Company

RAS Crane, LLC

Address

10700 Abbott's Bridge Road, Suite 170

Number

Street

Duluth, GA 30097

City

State

ZIP Code

Contact Phone

470-321-7112

Email afogle@rascrane.com

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that on May 24, 2019,

I electronically filed the foregoing with the Clerk of Court using the CM/ECF system, and a true and correct copy has been served via CM/ECF or United States Mail to the following parties:

Justin P. Schantz  
Law Care  
324 S. Maple Avenue, 2nd Floor  
Greensburg, PA 15601

Ronda J. Winnecour  
Suite 3250, USX Tower  
600 Grant Street  
Pittsburgh, PA 15219

Office of the United States Trustee  
Liberty Center.  
1001 Liberty Avenue, Suite 970  
Pittsburgh, PA 15222

Thomas M. Medofer  
M. Elaine Medofer  
203 Cooperage Court  
Greensburg, PA 15601

RAS Crane, LLC  
Authorized Agent for Secured Creditor  
10700 Abbott's Bridge Road, Suite 170  
Duluth, GA 30097  
Telephone: 470-321-7112  
Facsimile: 404-393-1425

By: /s/ Anisha Patel  
Anisha Patel  
Email: [apatel@rascrane.com](mailto:apatel@rascrane.com)

BKR/INFO		867 5/07/2019 6:01:29 PM ET PFSP1051	
Account Number	[REDACTED]	Teller Number	[REDACTED]
Office Code		0	
<b>Debtor Information</b>		<b>Filing Information</b>	
Debtor	THOMAS M. MEDOFER	Chapter	13
Co-Debtor	M. ELAINE MEDOFER	Filing Date	03/03/19
Filed By	JOINT ECOA OTHER	Case Number	19-20826
Filed By CoBorrower Indicator		State	PA District WE
<input type="checkbox"/> CB1 <input type="checkbox"/> CB2 <input type="checkbox"/> CB3 <input type="checkbox"/> CB4 <input type="checkbox"/> CB5		Division	PITTSBURGH
<input type="checkbox"/> CB6 <input type="checkbox"/> CB7 <input type="checkbox"/> CB8 <input type="checkbox"/> CB9 <input type="checkbox"/> CB10			
<b>View Vendor / Website Information</b>		<b>Codes</b>	
<a href="#">Lender Attorney</a>	<a href="#">Borrower Attorney</a>	Statement Notice	B
<a href="#">Trustee Website</a>		Stop Code 1	0 Warning Code 5
<a href="#">Court Website</a>	<A HREF=HTTP://http://www.pawb	Stop Code 2	0 Lockout Code 0
		Stop Code 3	0
<b>Status Information</b>		<b>Other Information</b>	
Bkr Status	ACTIVE	Conversion Date	00/00/00
POC Status	ACTIVE	Date	04/23/19
Plan Status	PEND CONFIRM	Date	04/23/19
AO Status		Date	00/00/00
Next Task	[REDACTED]	Date	03/03/19
Task Desc	PPFN REVIEWED		
Objection to Plan Filed	00/00/00	Concurrent Bkr	N View N
		Foreclosure	Y Loss Mit N
		Loss Draft	N Junior Liens N
		Multiple Loans	N Units
		Property Vacant	
		Contractual Next Due	08/01/13
		Contractual Paid to Date	07/01/13

CUST/FEES - DETAIL				867	5/08/2019	10:34:33 AM ET	PFSP245		
Account		Namekey	MEDOFER		Total Amort Fee Payment			137.39	
Type	164	DescriptionCORP ADV 3 FPTAX			Total Fee Type Receivable			-6578.33	
Assess Date	Fee Amt	Last Act	Remain Bal	AMORT FEE	PD-TO-DT	Exp Cd			
08/31/12	-4,945.86	06/27/18	-1,772.89	137.39	07/01/13	0			
07/09/18	-834.75	00/00/00	-834.75	0.00	00/00/00	3			
04/19/19	-3,970.69	00/00/00	-3,970.69	0.00	00/00/00	3			

CUSTOMER/LOAN INQUIRY		867 5/07/2019 6:03:10 PM ET PFSP213	
ACCOUNT NUMBER [REDACTED]		M/P/A/S	P Warn Cd 5 Lock 0 Stop Codes 0 0 0 Certified Funds 0
<b>Borrower Information</b>		<a href="#">Borrower Contact</a>	
THOMAS M MEDOFER	SS# [REDACTED]	Home . 0	Work . 0
M ELAINE MEDOFER	SS# [REDACTED]	Home . 0	Work . 0
<b>Address Information</b>		<b>Loan Information</b>	
203 COOPERAGE COURT		Inv [REDACTED] CIT HOME EQUITY LOAN TRUST 2002-2	
GREENSBURG PA 15601 *		Loan Type 1 CONVENTI Sub Type 0	
		Case# 00000000000000 Close Code 1	
		Next Due 08/01/13 Last Pmt 02/26/18	
<b>Payment Data</b>		<b>Balances</b>	<b>Balance View</b> B
MONTHLY BILLING		ORIG	55000.00
Total Due	10543.54	PRIN	622.00
Partial Pay Cd/Amt	0.00	ESCROW	0.00
P&I	553.77	BUYDOWN	.00
Escrow	0.00	UF .*. .	0.30
Optional Product	0.00	MERS N	
Ancillary	137.39		
Late Charge	0.00		
<b>Total</b>	<b>691.16</b>		
		<b>Loan Terms</b>	
		1st Pmt	03/01/98
		Rate	8.87500
		BALLOON	00/00/00
		Term 180	Int Meth 0
		Maturity Date	06/13
		Original Maturity Date	02/13
		Grace Days	15
		LC 5.000	NO LTCHG
		LC Code	0

DISPLAY/CHECK REFERENCE		867 5/08/2019 10:36:30 AM ET PFSP409					
Acc [REDACTED]	Name THOMAS M MEDOFER					Dsp .	State 39
Check Ref No.	Payee Number	Abbreviated Payee Name	Tran Code	Tran Date	Disburse Amount	Check Total	Tell No
20003341	1300 0	ASSURANT INSURA	E10	04/18/19	132.00	11552.20	0
60161980	65 3033	MT PLEASANT TOW	E91	04/02/19	745.08	745.08	0
80137534	65 6033	MT PLEASANT SCH	E93	02/22/19	3225.61	3225.61	0
10158970	0 0	THOMAS M MEDOFER	M02	01/30/19	4319.14	4319.14	590
20002925	1300 0	ASSURANT INSURA	E20	06/12/18	1234.00	6716296.00	0
60122563	65 6033	MT PLEASANT SCH	E93	08/30/17	2840.99	2840.99	0
20002499	1300 0	ASSURANT INSURA	E20	06/08/17	1212.00	2900070.27	0
60115075	65 3033	MT PLEASANT TOW	E91	04/14/17	745.08	745.08	0

Data Source	Expense Description	Date Paid	Amount	Insurance Balance	Tax Balance	Unspecified Balance	Balance
ODS from Fiserv	Disbursement School	9/28/2010	(\$2,358.01)	\$0.00	(\$2,358.01)	\$0.00	(\$2,358.01)
ODS from Fiserv	Disbursement Homeowners Ins / Condo Master	10/16/2013	(\$1,431.00)	(\$1,431.00)	(\$2,358.01)	\$0.00	(\$3,789.01)
ODS from Fiserv	Disbursement Homeowners Ins / Condo Master	6/9/2014	(\$1,275.00)	(\$2,706.00)	(\$2,358.01)	\$0.00	(\$5,064.01)
ODS from Fiserv	Disbursement County Tax	3/12/2015	(\$7,911.49)	(\$2,706.00)	(\$10,269.50)	\$0.00	(\$12,975.50)
ODS from Fiserv	Disbursement Assessments/Utility	3/12/2015	(\$4,366.59)	(\$2,706.00)	(\$14,636.09)	\$0.00	(\$17,342.09)
ODS from Fiserv	Disbursement Homeowners Ins / Condo Master	6/8/2015	(\$1,302.00)	(\$4,008.00)	(\$14,636.09)	\$0.00	(\$18,644.09)
ODS from Fiserv	Disbursement School	9/14/2015	(\$2,686.15)	(\$4,008.00)	(\$17,322.24)	\$0.00	(\$21,330.24)
ODS from Fiserv	Disbursement City/Town/Township	4/1/2016	(\$745.08)	(\$4,008.00)	(\$18,067.32)	\$0.00	(\$22,075.32)
ODS from Fiserv	Disbursement Homeowners Ins / Condo Master	6/8/2016	(\$1,322.00)	(\$5,330.00)	(\$18,067.32)	\$0.00	(\$23,397.32)
ODS from Fiserv	Disbursement School	9/6/2016	(\$2,772.18)	(\$5,330.00)	(\$20,839.50)	\$0.00	(\$26,169.50)
ODS from Fiserv	Disbursement City/Town/Township	4/13/2017	(\$745.08)	(\$5,330.00)	(\$21,584.58)	\$0.00	(\$26,914.58)
ODS from Fiserv	Disbursement Homeowners Ins / Condo Master	6/7/2017	(\$1,212.00)	(\$6,542.00)	(\$21,584.58)	\$0.00	(\$28,126.58)
ODS from Fiserv	Disbursement School	8/29/2017	(\$2,840.99)	(\$6,542.00)	(\$24,425.57)	\$0.00	(\$30,967.57)
ODS from Fiserv	Escrow Payment	1/24/2018	\$6,542.00	(\$3,836.00)	(\$20,589.57)	\$0.00	(\$24,425.57)
ODS from Fiserv	Escrow Payment	1/24/2018	\$24,425.57	\$0.00	\$0.00	\$0.00	\$0.00
ODS from Fiserv	Disbursement Homeowners Ins / Condo Master	6/11/2018	(\$1,234.00)	(\$1,234.00)	\$0.00	\$0.00	(\$1,234.00)
ODS from Fiserv	Escrow Payment	6/14/2018	\$1,234.00	\$0.00	\$0.00	\$0.00	\$0.00
ODS from Fiserv	Refund Homeowners Ins / Condo Master	1/23/2019	\$420.00	\$0.00	\$0.00	\$420.00	\$420.00
ODS from Fiserv	Escrow Payment Reversal	2/4/2019	(\$420.00)	\$0.00	\$0.00	\$0.00	\$0.00
ODS from Fiserv	Disbursement School	2/21/2019	(\$3,225.61)	\$0.00	(\$3,225.61)	\$0.00	(\$3,225.61)
ODS from Fiserv	Disbursement City/Town/Township	4/1/2019	(\$745.08)	\$0.00	(\$3,970.69)	\$0.00	(\$3,970.69)
ODS from Fiserv	Disbursement LPI Binder Lapse	4/17/2019	(\$132.00)	(\$132.00)	(\$3,970.69)	\$0.00	(\$4,102.69)
ODS from Fiserv	Escrow Payment	4/22/2019	\$132.00	(\$132.00)	(\$3,838.69)	\$0.00	(\$3,970.69)
ODS from Fiserv	Escrow Payment	4/22/2019	\$3,970.69	\$0.00	\$0.00	\$0.00	\$0.00



P.O. Box 7731  
Springfield, OH 45501-7731

April 22, 2019

THOMAS M MEDOFER  
M ELAINE MEDOFER  
C/O JUSTIN P SCHANTZ  
324 S MAPLE AVE FL, 2ND FL  
GREENSBURG, PA 15601-3219

**WARNING - NOTICE OF PURCHASE OF HAZARD INSURANCE  
PLEASE READ CAREFULLY - ACTION REQUIRED**

Property Address:  
203 COOPERAGE COURT  
GREENSBURG, PA 15601

Mortgage Loan Account Number: [REDACTED]

Insurance Lapse Dates: 02/01/2019 to 03/12/2019

Dear THOMAS M MEDOFER:

We recently sent to you two notices requesting proof of acceptable hazard insurance coverage for the time frame referenced above, but we have not received it. You are required to have continuous coverage in effect and because we have not received acceptable proof of continuous insurance, we bought insurance for your property. We have **charged your escrow account in the amount of \$132.00. If you did not have an escrow account, one was established on your loan for the purposes of paying this insurance. As a result, your monthly mortgage payment will increase to pay for the cost of this policy.** You must reimburse us for any period during which insurance we bought is in effect but you do not have insurance.

**The insurance we purchased on your property is effective from 02/01/2019 to 03/12/2019 (the "Lapse Period").** If you had hazard coverage on your property during this time, **we strongly recommend you send us proof of coverage for the Lapse Period.** This information must be provided in writing. All you need to do is ask your insurance agent to include the loan number and property address above on a copy of your policy and fax it with a Mortgagee Clause/Lender's Loss Payable Endorsement as soon as possible to: **1-937-525-4120.** You/your agent can mail the documents to:

CALIBER HOME LOANS, INC.  
ISAOA/ATIMA  
PO BOX 7731  
SPRINGFIELD, OH 45501-7731

Or, you may update your hazard insurance coverage information online at [www.MyCoverageInfo.com](http://www.MyCoverageInfo.com), referencing PIN CT731.

The insurance we bought:

- **May be significantly more expensive than the insurance you can buy yourself.**
- **May not provide as much coverage as an insurance policy you buy yourself.**

